** PUBLIC DISCLOSURE COPY **

Form **990**

Use Only

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

		of the Treasury nue Service Go to www.irs.gov/Form990 for instructions and	-		Open to Public Inspection
_		Go to WWW. organical for moradonom and		UN 30, 2018	opcoulon
	heck if	C Name of organization		D Employer identific	eation number
a	pplicab	Oklahoma City Museum of Art, Inc.		2 Employer ruentante	
	Addre	SS DIVA Ol-1 alama Citar Arch Margaret			
	Name chang			73-0!	528431
\vdash	Initial		Room/suite		
	_ Final	415 Couch Drive	Ttoom/suite	(405)	
	return± termir ated			G Gross receipts \$	9,044,334.
	Amen	ded Oklahoma City, OK 73102		H(a) Is this a group re	
	Application		gton	for subordinates'	
	pendi	same as C above	,	H(b) Are all subordinates in	·····= =
	ax-ex	empt status: \overline{X} 501(c)(3) $\overline{}$ 501(c) () $\overline{}$ (insert no.) $\overline{}$ 4947(a)(1)	or 527		list. (see instructions)
		te: www.okcmoa.com	<u></u>	H(c) Group exemption	
		forganization: X Corporation Trust Association Other	L Year		State of legal domicile; OK
	ırt I	Summary	, -		
	1	Briefly describe the organization's mission or most significant activities: The	missio	n of the Okl	ahoma City
ce	-	Museum of Art is to "enrich lives through	the v	visual arts.	"
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose			
ver	3			3	51
တိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			51
s S	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			116
itie	6	Total number of volunteers (estimate if necessary)	208		
cţi	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		36,846.	
ď	ı	Net unrelated business taxable income from Form 990-T, line 34			-9,458.
4		·		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		2,941,263.	3,690,765.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,247,591.	483,660.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		632,115.	651,795.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		550,474.	352,932.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,371,443.	5,179,152.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ç	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,048,094.	3,151,078.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 427,4	62.		
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,368,953.	3,274,715.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,417,047.	6,425,793.
	19	Revenue less expenses. Subtract line 18 from line 12		-3,045,604.	-1,246,641.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		40,535,922.	40,633,767.
t As	21	Total liabilities (Part X, line 26)		995,584.	949,602.
25	22	Net assets or fund balances. Subtract line 21 from line 20		39,540,338.	39,684,165.
	ırt II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedule		· · ·	knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
		Construct officer			
Sigr	า	Signature of officer		Date	
Her	е	E. Michael Whittington, CEO			
		Type or print name and title	1 -		
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		W. Lyndel Lackey W. Lyndel Lackey	у 0	4/16/19 self-employe	
Prep	arer	Firm's name ▶ HoganTaylor LLP		Firm's EIN ▶	73-1413977

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address 11600 Broadway Ext, Suite 300

Oklahoma City, OK 73114

X Yes No

Phone no. 405 - 848 - 2020

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The mission of the Oklahoma City Museum of Art is to enrich lives
	through the visual arts.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$ 3,282,948. including grants of \$) (Revenue \$446,919.) Exhibitions: The Museum organizes and presents exhibitions related to
	its primary areas of focus- 19th and 20th century American art,
	contemporary art, and studio glass. Additionally, the Museum hosts
	traveling exhibitions organized by art museums throughout the world
	with a diversity of art historical themes and styles.
4b	(Code:) (Expenses \$ 974,271. including grants of \$) (Revenue \$ 35,188.)
	Education: The Museum's division of Learning and Engagement offers
	classes, tours, outreach activities, and in-gallery learning
	experiences for visitors of all ages. Special programs are directed to
	visitors with accessibility needs.
4c	(Code:) (Expenses \$ 373,301 • including grants of \$) (Revenue \$)
	Film: The Museum's Film Program is the region's finest program in
	independent and foreign cinema. The Museum presents over 300 screenings
	annually every Thursday-Sunday.
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ 231,371. including grants of \$) (Revenue \$) Total program service expenses \$ 4,861,891.
<u>4e</u>	Total program service expenses ► 4,861,891. Form 990 (2017)
	Foiii 330 (2017)

Form 990 (2017)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes." complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3		5		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	-		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	- 110		
·		11c		x
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		1
u		444		Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
		18	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		
IJ		19		Х
	complete Schedule G. Part III	ıσ	L	

Form 990 (2017)

Part IV Checklist of Required Schedules (continued)

		$\overline{}$	Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	_X_	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l .
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Senset the number reported in Box 3 of Form 1096. Enter 0- if not applicable 1a 63 1b 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response or note to any line in this Part V					
be Enter the number of Forms W-2G included in line 1a. Enter-0" in not applicable						Yes	No
Committee of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) winning to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 116 to the calendar year ending with or within the year oewered by this return. 1 In the second of the calendar year ending with or within the year oewered by this return. 1 In the second of the calendar year ending with or within the year oewered by this return. 2 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-site (see instructions). 3 In the organization have unrelated business gross ancome of \$1,000 or more during the year? 3 In the calendar year, and the organization that was not three \$1,000 or more during the year? 3 In the organization have unrelated business gross ancome of \$1,000 or more during the year? 3 In the organization that organization that the second, securities account, or other financial account; or the design country. 4 If "Yes," the second party of the foreign country. 5 In the Sec instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization are organization that it was or is a party to a prohibited that shelter transaction? 5 In Did any taxoble party notify the organization file Form 8886-17? 5 In the Sec instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 In the Sec instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 In the Sec instructions and party to a prohibited that shelter transaction? 5 In the Sec instructions and the organization file Form 8886-17? 5 In the Sec instructions and the organization file Form 8886-17? 5 In the Calendar Accounts of the Calendar Accounts (FBAR). 5 In the Sec instructions and the organization from the Accounts (FBAR). 5 In the organization seclive a contri	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	63			
gambling) winnings to prize winners? a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required foederal employment tax returns? Abote. If the sum of lines 1 and 2a la greater than 260, you may be required to e-file (line instructions) B of the organization have unrelated business gross income of \$1,000 or more during the year? B of the organization have unrelated business gross income of \$1,000 or more during the year? B of the organization have unrelated business gross income of \$1,000 or more during the year? A at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? If the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 888617? See instructions for filing requirements for FinCEN Form 888617? See instructions that were not tax deductibles of Fine 888617? Fig. 1 if Year, 1 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a sherizable contributions? B of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? B of the organizations that may receive deductible contributions under section 170c). B of the organization receive a payment in excess of \$75	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-fige (see instructions) Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-fige (see instructions) Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-fige (see instructions) Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-fige (see instructions) Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-fige (see instructions) Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-fige (see instructions) Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-fige (see instructions) If If Yes, 1 has it filed a form 990° for this year? If No. 1 has 3s, provide an explanation in Schedule 0 Note 1s the company of the sum of the foreign country. If Yes, 1 has 1 has 2s and 1 has 2s and 2s a	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
field for the calendar year ending with or within the year covered by this return If all east one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-nip Gee instructions? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If Yes, "enter the name of the foreign country, lew as a shark account, securities account, or other financial accounts (FBAR). 5b If Yes, "enter the name of the foreign country, lew as a bank account, securities account, or other financial accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction? 5b If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, "did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization and the very solicitation an express statement that such contributions or gifts were not tax deductibles of a charlable contributions? 6c If Yes, "did the organization netwe a payment in excess of \$5 made party as a contribution on a payment of the payment of the payment of the payment in excess of \$5 made party as a contribution of a party to goods and services provided? 7c Did the organization netwe a payment in excess of \$5 made party as a contribution of a par		(gambling) winnings to prize winners?			1c	X	
b) If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to _nine (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a. X b) If Yes, *has it filed a Form 990-T for this year? # Yes, *to line 5b, provide an explanation in Schedule O 3b. X 4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and financial Accounts (FBAR). So Was the organization a party to a prohibited tax shelter transaction? B) If yes, *to line Sa or Sb, did the organization file form 8886-17? B) If Yes, *to line Sa or Sb, did the organization file form 8886-17? C) If Yes, *to line Sa or Sb, did the organization file form 8886-17? C) If Yes, *to lide organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? C) If Yes, *to lide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? C) Did the organization receive a payment in excess of \$15 made party as a contribution or adjust to yes. B) If Yes, *did the organization notity the donor of the value of the goods or services provided? To Sa of the Form 8882? C) Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? To Sa of If Yes, *indicate the number of Forms 8828 like during the year?	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_file (see instructions) 30. Did the organization have unrielated business gross income of \$1,000 or more during the year? 43. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 44. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 45. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 56. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 57. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 58. Was the organization aparty to a prohibited tax shelter transaction? 59. X 50. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 59. Very a did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 50. Organizations that may receive deductible contributions under section 170(c). 50. If the organization receive a payment in recess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 50. Y X 51. If "Yes," indicate the number of Forms 8282 filed during the year 51. If "Yes," indicate the number of Forms 8282 filed during the year 52. If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 53. Y X 54. If the organization received an contribution of cualified intellectual property, did the organization file Form 1088 C? 53. Sponsoring		filed for the calendar year ending with or within the year covered by this return	2a	116			
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O. 14b	9						
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Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					9b		
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c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14b	b		ا بمدا				
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b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O			ISC		1/10		X
						\vdash	
	D	in res, rias it lieu a form 720 to report these payments? If "No," provide an explanation in Schedule	÷υ			990	(2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X		
Sec	tion A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	51					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b	51					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other					
	officer, director, trustee, or key employee?			2	X			
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X		
6	Did the organization have members or stockholders?			6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or					
	more members of the governing body?			7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or					
	persons other than the governing body?							
8								
а								
b	Each committee with authority to act on behalf of the governing body?			8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the					
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re							
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befo	e filing the form?	11a	X			
b								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," a	escribe					
	in Schedule O how this was done			12c	X			
13	Did the organization have a written whistleblower policy?			13	X			
14	Did the organization have a written document retention and destruction policy?			14	X			
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official			15a	X			
b	Other officers or key employees of the organization			15b	Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	ith a					
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	•	•					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶OK							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only) a	/ailable	•			
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict o	f interest policy, and	financ	ial			
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records:					
	Rita Craig, CFO - (405) 278-8203							
	415 Couch Drive Oklahoma City OK 73102							

FKA Oklahoma City Art Museum

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII

73-0528431

<u> Page</u> **7**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization n	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless persor		rson i	son is both an		compensation	compensation	amount of
	week	-	cer an	la a a	recio	T	iee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC)	(44-27 1099-141130)	organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee		(** 27 1033 141100)		and related
	below	idual	ution	 	Key employee	est co	er			organizations
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(1) J. Edward Barth	5.50									
Chairperson		Х		X				0.	0.	0.
(2) Cynda C. Ottaway	4.46									
Chairperson - Elect		Х		X				0.	0.	0.
(3) The Honorable Jerome A. Holmes	4.50									
Immediate Past Chairperson		Х		X				0.	0.	0.
(4) Bob Barnard	0.50									
Trustee		Х						0.	0.	0.
(5) Elby J. Beal	1.10								_	_
Vice-Chairperson		Х		X				0.	0.	0.
(6) Jeremy Black	0.70									•
Trustee		Х				_		0.	0.	0.
(7) Katy Boren	0.70									•
Trustee		X				_		0.	0.	0.
(8) John R. Bozalis, M.D.	0.70			l					•	•
Secretary	0.70	X		X		<u> </u>		0.	0.	0.
(9) Allen Brown	0.70								•	0
Trustee	2 00	Х				_		0.	0.	0.
(10) Hal J. Brown	2.90	.		\					0	0
Treasurer (11) William M. Cameron	0.50	X		X				0.	0.	0.
Trustee	0.50	X						0.	0.	0.
(12) Michael Coffman	0.50			\vdash		\vdash		0.	0.	0.
Trustee	0.50	X						0.	0.	0.
(13) Teresa L. Cooper	0.90					\vdash		•	•	•
Trustee	0.30	x						0.	0.	0.
(14) Peter B. Delaney	0.70									
Vice-Chairperson		x		x				0.	0.	0.
(15) Nancy Payne Ellis	0.50			┪						
Lifetime Trustee		х						0.	0.	0.
(16) Jim English	0.70									
Trustee		x						0.	0.	0.
(17) David T. Greenwell	0.70									
Trustee		Х			<u></u>	L		0.	0.	0.
										Earm 990 (2017)

Form 990 (2017) 732007 11-28-17

Part VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	st C			$\overline{}$			
(A)	(B)			((•	_		(D) (E)				(F)	
Name and title	Average	Position (do not check more than one						Reportable	Reportable			imate	
	hours per week					is both or/trus		compensation	compensation			ount c	ıf
	(list any	_				Π	Τ	from the	from related organizations			ther	ion
	hours for	direct				_			(W-2/1099-MISC)	۱ د		ensat m the	
	related	96 Or (stee			ısate		(W-2/1099-MISC)	(W 27 1000 WIICO)	′		nizatio	
	organizations	Individual trustee or director	nstitutional trustee		yee	mbei		(** =* ********************************			_	relate	
	below	idual	tution	er	Key employee	est co	je.				orga	nizatio	ns
	line)	lpdi	Insti	Officer	Key 6	Highest compensated employee	Form						
(18) Julie Hall	0.90								_				
Trustee		Х						0.	C).			0.
(19) Kirk Hammons	0.70								_				
Trustee		Х						0.	C).			0.
(20) Judy J. Hatfield	0.50												_
Trustee	1 00	X				_		0.).			0.
(21) Suzette Hatfield	1.20	l											•
Vice-Chairperson	1 00	X		Х				0.).			0.
(22) Frank D. Hill	1.20	l											•
Vice-Chairperson	0 50	Х		Х				0.	C).			0.
(23) Leslie S. Hudson	0.70												^
Vice-Chairperson	0 50	Х		X		_		0.	C).			0.
(24) Willa D. Johnson	0.50	7.7							•	,			^
Trustee (25) Steven Kerr	0.50	X				\vdash		0.) •			0.
Trustee	0.30	х						0.	r).			0.
(26) Duke R. Ligon	0.70	^						0.		<u>'</u> +			<u> </u>
Vice-Chairperson	0.70	X		х				0.	r).			0.
		_			<u> </u>			0.).			0.
***************************************								310,732.).	2.4	,72	
).		,72				
Total number of individuals (including but no							o re					, , _	
compensation from the organization	or invinced to the	000	11010	u u	,0 00	, ****			oo or reportable				1
												Yes	No
3 Did the organization list any former officer,	director, or tru	ıste	e. ke	v en	olan	vee.	or	highest compensated em	plovee on				
line 1a? If "Yes," complete Schedule J for su											3		Х
4 For any individual listed on line 1a, is the su									e organization				
and related organizations greater than \$150										[4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch r	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest cor	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	hat received more than \$	00,000 of comper	nsati	on froi	m	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax ye	ar.				
(A)				_				(B)		_	(C)	١	
Name and business	address	N	ONE	<u> </u>			\dashv	Description of se	ervices		mpen	sation	
							\dashv						
							\dashv			—			
							\dashv						
2 Total number of independent contractors (ir	ncluding but no	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	re than				
\$100,000 of compensation from the organiz					(_		•					

Form 990

Form 990 FKA Oklah	noma Cit	У	Ar	t_	Mu	.se	um		73-052	8431
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(c	neck	all t	that	app	ly)	compensation	compensation	amount of
	per .							from	from related	other
	week (list any	ا ا				Highest compensated employee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	Individual trustee or director				d em		(W-2/1099-MISC)	(***2/1099-10130)	organization
	related	ee or	stee			nsate		(** 2/ 1000 1/1100)		and related
	organizations	trust	nstitutional trustee		oyee	ompe				organizations
	below	idual	tution	ja ja	key employee	est co	ner			· ·
	line)	İbdi	Insti	Offlicer	Key	High	Former			
(27) Judy M. Love	0.00									
Trustee		Х						0.	0.	0.
(28) Neal A. McCaleb	0.70									
Trustee		Х						0.	0.	0.
(29) Penny M. McCaleb	1.40									
Vice-Chairperson		Х		Х				0.	0.	0.
(30) James C. Meade	0.46									
Lifetime Trustee		Х						0.	0.	0.
(31) Virginia A. Meade	1.15									
Vice-Chairperson		Х		X				0.	0.	0.
(32) Frank A. McPherson	0.00									
Trustee		Х						0.	0.	0.
(33) Frank W. Merrick	0.00									
Trustee		Х						0.	0.	0.
(34) A. Xavier Neira	0.00									
Trustee		Х						0.	0.	0.
(35) Charles E. Nelson	0.00									
Lifetime Trustee		Х						0.	0.	0.
(36) J. Michael Nordin	0.46							_	_	_
Trustee		Х						0.	0.	0.
(37) Caroline Patton	1.12									_
Vice-Chairperson		Х		X				0.	0.	0.
(38) Stephen M. Prescott, M.D.	0.00							_	_	_
Trustee		Х						0.	0.	0.
(39) Nikola Puffinbarger, M.D.	0.92							_	_	_
Trustee		Х						0.	0.	0.
(40) G. Jeffrey Records, Jr.	0.46									
Trustee		Х						0.	0.	0.
(41) Robert J. Ross	0.00									
Trustee		Х						0.	0.	0.
(42) Meg Salyer	0.69									
Trustee		Х						0.	0.	0.
(43) Amalia Miranda Silverstein, M.D	0.65									
Trustee		Х						0.	0.	0.
(44) Jeanne Hoffman Smith, MSSW, ACS	0.46								•	•
Trustee	0.46	Х						0.	0.	0.
(45) Jordan J.N. Tang, PH.D.	0.46								•	•
Trustee	0.00	X			-			0.	0.	0.
(46) Miles Tolbert	0.00								_	^
Trustee		Х						0.	0.	0.
Total to Part VII, Section A, line 1c										

Form 990

Name and title Average hours per week (list any hours for related organizations below line) (47) Sean Trauschke Trustee (48) Max Weitzenhoffer Trustee (49) Wanda Otey Westheimer Trustee Emeritus (50) Charles E. Wiggin Trustee (51) E. Michael Whittington Reportable compensation from the organizations plant pulped by a page of the compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Reportable compensation from the organization (W-2/1099-MISC) O. O. O. O. O. O. O. O. O. O.	(F) mated
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Trustee	nization
Trustee	related
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(47) Sean Trauschke 0.00 Trustee X 0.00 (48) Max Weitzenhoffer 0.46 Trustee X 0.00 (49) Wanda Otey Westheimer 0.00 Trustee Emeritus X 0.00 (50) Charles E. Wiggin 0.88 Trustee X 0.00 (51) E. Michael Whittington 50.00 President & CEO 5.00 X 221,455. 0.23 (52) Rita Craig 50.00 X 36,210. 0. (53) Jared Ellingson 40.00 X 36,210. 0.	
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Trustee	0 .
(49) Wanda Otey Westheimer 0.00 Trustee Emeritus X (50) Charles E. Wiggin 0.88 Trustee X (51) E. Michael Whittington 50.00 President & CEO 5.00 (52) Rita Craig 50.00 Chief Financial Officer 5.00 (53) Jared Ellingson 40.00	_
Trustee Emeritus	0
Trustee	_
Trustee	0
(51) E. Michael Whittington 50.00 X 221,455. 0. 23 President & CEO 5.00 X 221,455. 0. 23 (52) Rita Craig 50.00 X 36,210. 0. Chief Financial Officer 5.00 X 36,210. 0. (53) Jared Ellingson 40.00 0. 0. 0.	_
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(52) Rita Craig 50.00 Chief Financial Officer 5.00 (53) Jared Ellingson 40.00	000
Chief Financial Officer 5.00 X 36,210. 0. (53) Jared Ellingson 40.00	,880
(53) Jared Ellingson 40.00	0.4.6
	846
Past Chief Financial Officer X 53,067.	0
	0
Total to Part VII, Section A, line 1c 310,732.	

Form 990 (2017)

Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Si	1 a	Federated campaigns	1a					012 011
ant		Membership dues		504,280.				
Ģ,		Fundraising events		517,847.				
ifts, Ir A		Related organizations		,				
i, G nila		Government grants (contribution						
ons		All other contributions, gifts, grant	, 					
outi her	-	similar amounts not included abov		2,668,638.				
oti	q	Noncash contributions included in lines 1		98,207.				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		>	3,690,765.			
				Business Code				
ø	2 a	Exhibits/Special Events	•	711300	448,472.	448,472.		
rvic	b	Tuition		611710	35,188.	35,188.		
Program Service Revenue	С							
am eve	d							
ogr B	е	·						
P	f	All other program service rever	nue					
	g	Total. Add lines 2a-2f			483,660.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)			842,105.			842,105.
	4	Income from investment of tax	=	•				
	5	Royalties		>	27,807.			27,807.
			(i) Real	(ii) Personal				
		Gross rents	126,662					
		Less: rental expenses	39,351					
		Rental income or (loss)	87,311		07 211			07 211
		Net rental income or (loss)			87,311.			87,311.
	7 a	Gross amount from sales of	(i) Securities 3,299,680					
		assets other than inventory	3,299,000	•				
	D	Less: cost or other basis	3,489,990					
	_	and sales expenses Gain or (loss)						
		Net gain or (loss)			-190,310.			-190,310.
		Gross income from fundraising			220,020.			130,010.
ıne	o a	including \$517,						
ver		contributions reported on line						
Other Reven		Part IV, line 18	•	55,345.				
the	b	Less: direct expenses		160,613.				
Ö		Net income or (loss) from fund			-105,268.			-105,268.
		Gross income from gaming ac						
		Part IV, line 19	6	a				
	b	Less: direct expenses						
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less i	returns					
		and allowances	6	312,429.				
	b	Less: cost of goods sold	1	175,228.				
	С	Net income or (loss) from sales	s of inventory		137,201.	100,355.	36,846.	
		Miscellaneous Revenue	e	Business Code				
		Parking Revenue		812930	188,767.			188,767.
	b	Member Travel Program		900099	10,800.	10,800.		
	С	Miscellaneous Income		900099	6,314.	6,314.		
		All other revenue			205 224			
		Total. Add lines 11a-11d		····· 🟲	205,881.	601 100	26.046	050 410
	12	Total revenue. See instructions.		P	5,179,152.	601,129.	36,846.	850,412.

73-0528431 Page **10**

<u>Secti</u>	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a respon		his Part IX(B)	(C)	(D)						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	246 610	26 050	224 041	04 000						
	trustees, and key employees	346,619.	26,950.	224,841.	94,828.						
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
_	persons described in section 4958(c)(3)(B)	2 200 201	1 760 405	274 127	17/ 720						
7	Other salaries and wages	2,309,281.	1,760,405.	374,137.	174,739.						
8	Pension plan accruals and contributions (include	64 505	12 772	10 701	0 022						
_	section 401(k) and 403(b) employer contributions)	64,525.	43,772.	12,721.	8,032. 12,748.						
9	Other employee benefits	148,125.	115,544.	19,833.							
10	Payroll taxes	282,528.	205,179.	63,683.	13,666.						
11	Fees for services (non-employees):										
	Management	46 040		46 040							
	Legal	46,942.		46,942.							
	Accounting	41,817.		41,817.							
	Lobbying										
	Professional fundraising services. See Part IV, line 17	37,440.		37,440.							
f	Investment management fees	37,440.		37,440.							
g	Other. (If line 11g amount exceeds 10% of line 25,	E1 421	5,608.	45,170.	612						
40	column (A) amount, list line 11g expenses on Sch O.)	51,421. 276,971.	274,335.	984.	643. 1,652.						
12	Advertising and promotion	13,288.	6,186.	6,678.	424.						
13	Office expenses	13,200.	0,100.	0,070.	424.						
14	Information technology										
15	Royalties	436,625.	377,688.	34,279.	24,658.						
16	Occupancy	75,484.	73,855.	1,002.	627.						
17	Travel	75,404.	75,055.	1,002.	027•						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest	25,402.		25,402.							
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	628,695.	562,137.	39,257.	27,301.						
23	Insurance	55,991.	32,589.	19,310.	4,092.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)										
а	Administrative	345,907.	288,087.	51,505.	6,315.						
b	Equipment Rental and Ma	331,713.	286,092.	37,971.	7,650.						
С	Programming	320,785.	278,370.	166.	42,249.						
d	Postage and Shipping	265,879.	261,587.	3,620.	672.						
е	All other expenses	320,355.	263,507.	49,682.	7,166.						
25	Total functional expenses. Add lines 1 through 24e	6,425,793.	4,861,891.	1,136,440.	427,462.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										
722010) 11-28-17				Form 990 (2017)						

Form 990 (2017)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,122,935.	1	89,300.		
	2	Savings and temporary cash investments			3,827,787.	2	3,947,406.
	3	Pledges and grants receivable, net			137,068.	3	401,124.
	4	Accounts receivable, net			311,521.	4	73,800.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa-	ted emp	oloyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualifi					
		section 4958(f)(1)), persons described in section	4958(c)((3)(B), and contributing			
		employers and sponsoring organizations of secti		• • • •			
S		employees' beneficiary organizations (see instr).		· · · · · · · · · · · · · · · · · · ·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			228,428.	8	329,851.
	9	5			85,002.	9	353,658.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	24,677,507.			
	b	Less: accumulated depreciation	10b	10,980,905.	14,251,413.	10c	13,696,602.
	11	Investments - publicly traded securities			15,703,245.	11	16,495,523.
	12	Investments - other securities. See Part IV, line 1			4,868,523.	12	5,246,503.
	13	Investments - program-related. See Part IV, line 1				13	, ,
	14	Intangible assets		Г		14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	40,535,922.	16	40,633,767.		
	17	Accounts payable and accrued expenses			362,159.	17	351,904.
	18	Grants payable				18	
	19	Deferred revenue				19	8,247.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
S	22	Loans and other payables to current and former	officers,	directors, trustees,			
itie		key employees, highest compensated employees	s, and d	isqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
Li	23	Secured mortgages and notes payable to unrelate	ted third	l parties	633,425.	23	589,451.
	24	Unsecured notes and loans payable to unrelated	third pa	arties		24	
	25	Other liabilities (including federal income tax, pay		Г			
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			995,584.	26	949,602.
		Organizations that follow SFAS 117 (ASC 958)	, check	here ▶ X and			
S		complete lines 27 through 29, and lines 33 and	d 34.				
nce	27	Unrestricted net assets			21,469,271.	27	20,117,841.
ala	28	Temporarily restricted net assets			8,702,229.	28	10,197,486.
d B	29	Permanently restricted net assets		<u></u> .	9,368,838.	29	9,368,838.
-un		Organizations that do not follow SFAS 117 (AS	SC 958),	, check here 🕨 🗌			
or I		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
\ss(31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc				32	
Ž	33	Total net assets or fund balances			39,540,338.	33	39,684,165.
	34				40,535,922.	34	40,633,767.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,17		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,42		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	,24	6,6	41.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,54		
5	Net unrealized gains (losses) on investments	5	1	, 39	0,4	68.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	39	,68	4,1	65.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	lit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require		it			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.
Oklahoma City Museum of Art, Inc.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

FKA Oklahoma City Art Museum 73-0528431 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No Yes above (see instructions))

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3768326.	7094147.	3930218.	3563580.	3746110.	22102381.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3768326.	7094147.	3930218.	3563580.	3746110.	22102381.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						4516444
	column (f)						4516444.
	Public support. Subtract line 5 from line 4.						<u> 17585937.</u>
	• • •	() 0040	(1) 004.4	/) 2045	(1) 0040	() 0047	(C) T
	ndar year (or fiscal year beginning in)	(a) 2013 3768326.	(b) 2014 7094147.	(c) 2015 3930218.	(d) 2016 3563580.	(e) 2017	(f) Total 22102381.
	Amounts from line 4	3/00320.	/09414/•	3930210.	3303360.	3/40110.	22102301.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1177331.	963,022.	903,927.	1064671.	996,574.	5105525.
9	and income from similar sources Net income from unrelated business	11//331•	703,022.	703,727.	1004071.	JJ0,J14.	3103323.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	166.688.	106.643.	229,135.	198,353.	205.881.	906,700.
11				,			28114606.
12	Gross receipts from related activities,	etc. (see instruction	ons)				,100,502.
13		•	,				
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi						
14	Public support percentage for 2017 (li	ne 6, column (f) di	vided by line 11, co	olumn (f))		14	62.55 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	59.78 <u>%</u>
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			>
17a	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac				•	-	
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test	- 2016. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	▶∐
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>

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Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	etion A. Public Support	now, please comp	Diete Part II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and			, ,	, ,		,
	membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
							.
	tion C. Computation of Public						
	Public support percentage for 2017 (li			column (f))		15	%
	Public support percentage from 2016					16	%
	tion D. Computation of Inves					 	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2017. If the						/ is not
b	more than 33 1/3%, check this box an 33 1/3% support tests - 2016. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	
	line 18 is not more than 33 1/3%, chec						▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	▶□

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3a	1		
3a			
3a	2		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a			
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a	3a		
3c			
3c	3b		
4a			
4a	3c		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	42		
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10a	44		
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10a	4b		
5a 5b 5c 6 7 8 9a 9b 9c 10a			
5a 5b 5c 6 7 8 9a 9b 9c 10a	4c		
5b 5c 6 7 8 9a 9b 9c 10a			
5b 5c 6 7 8 9a 9b 9c 10a	5a		
5c 6 7 8 9a 9b 9c 10a			
5c 6 7 8 9a 9b 9c 10a	5b		
6 7 8 9a 9b 9c 10a			
7 8 9a 9b 9c 10a	30		
9a 9b 9c 10a	6		
9a 9b 9c 10a			
9a 9b 9c 10a	7		
9a 9b 9c 10a			
9a 9b 9c 10a	8		
9b 9c 10a			
9b 9c 10a	9a		
9c 10a			
9c 10a	9b		
10a			
10a	90		
	30		
	10a		
10b	10b		

Pa	T IV Supporting Organizations (continued)					
			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)					
	below, the governing body of a supported organization?	11a				
b	A family member of a person described in (a) above?	11b				
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c				
Section B. Type I Supporting Organizations						
			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to					
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the					
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or					
	controlled the organization's activities. If the organization had more than one supported organization,					
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported					
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported					
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in					
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,					
	supervised, or controlled the supporting organization.	2				
Sec	tion C. Type II Supporting Organizations					
			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors					
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control					
	or management of the supporting organization was vested in the same persons that controlled or managed					
	the supported organization(s).	1				
Sec	tion D. All Type III Supporting Organizations					
			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the					
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax					
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the					
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported					
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how					
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a					
	significant voice in the organization's investment policies and in directing the use of the organization's					
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's					
500	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		L		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•				
b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.					
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see institution).					
2	Activities Test. Answer (a) and (b) below.	uctions	Yes	No		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140		
<u> </u>	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify					
	those supported organizations and explain how these activities directly furthered their exempt purposes,					
	how the organization was responsive to those supported organizations, and how the organization determined					
	that these activities constituted substantially all of its activities.	2a				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more					
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the					
	reasons for the organization's position that its supported organization(s) would have engaged in these					
	activities but for the organization's involvement.	2b				
3	Parent of Supported Organizations. Answer (a) and (b) below.					
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or					
_	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a				
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b				

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must of	omplete Sec	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Par	t V 1	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	_
Secti	on D - D	istributions			Current Year
1	Amount				
2	Amount				
	organiza	ations, in excess of income from activity			
3	Adminis	trative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amount	s paid to acquire exempt-use assets			
5	Qualified	d set-aside amounts (prior IRS approval required)			
6	Other di	stributions (describe in Part VI). See instructions.			
7	Total ar	nual distributions. Add lines 1 through 6.			
8	Distribut	tions to attentive supported organizations to which th	e organization is responsive		
	(provide	details in Part VI). See instructions.			
9	Distribut	table amount for 2017 from Section C, line 6			
10	Line 8 a	mount divided by line 9 amount			
Secti	on E - D	istribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distribut	table amount for 2017 from Section C, line 6			
2	Underdi	stributions, if any, for years prior to 2017 (reason-			
	able cau	se required- explain in Part VI). See instructions.			
3	Excess	distributions carryover, if any, to 2017			
а					
b	From 20	13			
С	From 20				
d	From 20	15			
е	From 20	16			
f	Total of	lines 3a through e			
g	Applied	to underdistributions of prior years			
h	Applied	to 2017 distributable amount			
i	Carryov	er from 2012 not applied (see instructions)			
j	Remain	der. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distribut	tions for 2017 from Section D,			
	line 7:	\$			
а	Applied	to underdistributions of prior years			
b	Applied	to 2017 distributable amount			
С	Remain	der. Subtract lines 4a and 4b from 4.			
5	Remaini	ng underdistributions for years prior to 2017, if			
	any. Sul	otract lines 3g and 4a from line 2. For result greater			
	than zer	o, explain in Part VI. See instructions.			
6	Remaini	ng underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in				
	Part VI.	See instructions.			
7	Excess	distributions carryover to 2018. Add lines 3j			
	and 4c.				
8	Breakdo	wn of line 7:			
а	Excess	from 2013			
b	Excess	from 2014			
С	Excess	from 2015			
d	Excess	from 2016			
е	Excess	from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Oklahoma City Museum of Art, Inc. FKA Oklahoma City Art Museum

Schedule A	(Form 990 or 990-EZ) 2017 FKA OKIANOMA CITY ATT MUSEUM 73-0528431 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

Oklahoma City Museum of Art, Inc. FKA Oklahoma City Art Museum

Employer identification number

73-0528431

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	O-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		s covered by the General Rule or a Special Rule .				
Note: Of	ily a section 50 f(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
	•	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
Oklahoma City Museum of Art, Inc.
FKA Oklahoma City Art Museum

Employer identification number

73-0528431

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ 370,413.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ <u>253,320.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$\$110,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 5	Name, address, and ZIP + 4	* 157,715.	Person X Payroll
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4	* 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
Oklahoma City Museum of Art, Inc.
FKA Oklahoma City Art Museum

Employer identification number

73-0528431

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$610,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$25,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.140.	Training dudiess, and ZIF T T	\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization
Oklahoma City Museum of Art, Inc.
FKA Oklahoma City Art Museum

Employer identification number

73-0528431

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
_	Publicly traded stock					
5						
		\$55,540.	12/20/17			
(a)		(c)				
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received			
Part I	Description of noncasti property given	(See instructions.)	Date received			
		\$				
(a)						
No.	(b)	(c)	(d)			
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received			
Part I		(000				
		\$				
(a)	4.)	(c)	(D			
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received			
Part I		(See instructions.)	2 410 / 5551154			
		\$				
		Φ				
(a)		(c)				
No.	(b)	FMV (or estimate)	(d)			
from Part I	Description of noncash property given	(See instructions.)	Date received			
		\$				
(a)						
No.	(b)	(c) FMV (or estimate)	(d)			
from	Description of noncash property given	(See instructions.)	Date received			
Part I		,				
		\$				

Name of organization Employer identification number Oklahoma City Museum of Art, Inc. FKA Oklahoma City Art Museum 73-0528431

| Part III | Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Oklahoma City Museum of Art, Inc. FKA Oklahoma City Art Museum

Employer identification number 73-0528431

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		GOT ACCOUNTS. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	_	
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
<u> </u>	impermissible private benefit?		Yes No
Pa	and the state of t		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired aff	•	
	listed in the National Register		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing con	servation easements during the year
_	Assessment of a second to a se		Attack and the state of the sta
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	ation easements during the year
_		and a first the constitution of a section 470	//-\/A\/D\/;\
8	Does each conservation easement reported on line 2(d) above		
^	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	,
	include, if applicable, the text of the footnote to the organization	on's imancial statements that describes	the organization's accounting for
Pai	t III Organizations Maintaining Collections of A	Art. Historical Treasures. or O	ther Similar Assets
	Complete if the organization answered "Yes" on Form 9		J
1a	If the organization elected, as permitted under SFAS 116 (ASC		ment and halance sheet works of art
··u	historical treasures, or other similar assets held for public exhibit		
	the text of the footnote to its financial statements that describe		area or public service, provide, irri arrivilli,
b	If the organization elected, as permitted under SFAS 116 (ASC		t and balance sheet works of art, historical
~	treasures, or other similar assets held for public exhibition, edu	•	· ·
	relating to these items:	or po	and the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treas		
_	the following amounts required to be reported under SFAS 116		ar gairi, provido
а	Revenue included on Form 990, Part VIII, line 1	· ·	> \$
	A		A
	, leaded moradou mir only out, I dit /		············ F ¥

Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Othe	r Sim	nilar Ass	ets (contin	ued)
3	Using the organization's acquisition, accession							•	
	(check all that apply):								
а	X Public exhibition	d	X Loan or exc	hange progra	ıms				
b	X Scholarly research	е		0.0					
С	X Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizatio	n's exer	not pu	ırpose in F	art XIII.	
5	During the year, did the organization solicit o								
_	to be sold to raise funds rather than to be ma							Yes	X No
Par	t IV Escrow and Custodial Arran				Yes" on	Form	990. Part		
	reported an amount on Form 990, Par						555, . u	,	
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for contribution	s or other ass	ets not i	includ	ed		
	on Form 990, Part X?		•					Yes	□ No
b	If "Yes," explain the arrangement in Part XIII								
_	gg		- · · · · · · · · · · · · · · · · · · ·					Amount	
c	Beginning balance						1c	7	
	Additions during the year						1d		
	Distributions during the year						1e		
f							1f		
	Ending balance							Yes	No
	_					ity :		165	
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i					10			
. u.	Zildevillelle i dilder Complete i	(a) Current year	(b) Prior year	(c) Two year			ree years ba	ock (a) Four	years back
10	Paginning of year halance	15,914,233.	15,468,937.				5,703,30		902,088.
	Beginning of year balance	1,658,540.	15,000.	· · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		15,00		15,000.
D	Contributions	1,511,806.	844,095.		5,837.		380,04		133,187.
C	Net investment earnings, gains, and losses	1,311,000.	044,055.	175	,,037.	380,04		:5. 1,	133,107.
d	Grants or scholarships								
е	Other expenditures for facilities	607 013	412 700	443	764		201 40		246 066
	and programs	687,013.	413,799.	443	764.		381,49	10.	346,966.
f	Administrative expenses	10 00= 566	15.011.000	15 160			16 06		
g	End of year balance	18,397,566.	15,914,233.	· · · · · ·	,937.	1	5,716,86	15,	703,309.
2	Provide the estimated percentage of the curr		(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	28.99	_%						
b	Permanent endowment ► 41.28	%							
С	Temporarily restricted endowment ▶2								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	nd administer	ed for th	ne orga	anization	_	
	by:								Yes No
	(i) unrelated organizations							3a(i)	X
									X
b	If "Yes" on line 3a(ii), are the related organization							3b	
4	Describe in Part XIII the intended uses of the		vment funds.						
Pai									
	Complete if the organization answered	d "Yes" on Form 990,			, Part X,	line 1	0.		
	Description of property	(a) Cost or ot	1 , ,	or other	٠,		ulated	(d) Bool	k value
		basis (investm	· ·	(other)	de	precia	tion		
1a	Land			1,909.					L,909.
b	Buildings		20,76	8,764.	8,2	<u> 298</u>	,405.	12,470),359.
	Leasehold improvements								
d	Equipment	I		7,837.			,023.		0,814.
е	Other		1,62	8,997.	1,	495	,477.		3,520.
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part X	(column (B) line 1	Oc.)				13,696	5,602.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) Beneficial Interest in			
(B) OCCF	5,174,098.		
(C) Museum Cafe Investment	72,405.	End-of-Year Market	Value
(D)			
(E)			
(F)			
(G)			
(H)	5 046 500		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	5,246,503.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			-l -f
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	Tra. ede Ferri dee, Fare X, interfer	(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

	rt XI Reconciliation of Revenue per Audited Financ	ial Statements With Revenue	per Return.	rage .
	Complete if the organization answered "Yes" on Form 990, F	•		
1	Total revenue, gains, and other support per audited financial statem		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b				
С				
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b	<u> </u>	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I			
Pa	rt XII Reconciliation of Expenses per Audited Finance	cial Statements With Expense	s per Return.	
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а		_		
ч	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b				
b	•	4b	4c	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part III, line 1a:

Works of art, which were acquired through purchases and contributions
since the Museum's inception are insured under the Museum's fine art
insurance policy and are not capitalized and recognized as assets in the
financial statements. Purchases of collection items are recorded as
decreases in unrestricted net assets in the year in which the items are
acquired or as temporarily or permanently restricted net assets if the
assets used to purchase the items are restricted by donors. Contributions
of collection items are not recognized in the statement of activities.

Proceeds from deaccessions or insurance recoveries are reflected as
increases in the appropriate net assets classification. The museum's
policy provides for deaccessioning works that do not fit into the

Part XIII Supplemental Information (continued)
collections plan or that are of poor quality or condition. Any funds made
available by the sale of unrestricted deaccessioned works are used for
acquisitions to strengthen the collection.
Part III, line 4:
Special exhibitions, organized from the Museum's permanent collection or
hosted from other organizations, are displayed on the first floor
galleries. The Museum's permanent collection is displayed thematically
throughout the second and third floors. The focus of the permanent
collection is American art with particular strengths in post-war painting
and sculpture, photography, studio glass by Dale Chihuly, and works on
paper. The permanent collection also has strengths in European art and
Nineteenth century American art. The collection advances the Museum's
mission by permanent display of works of art for the enjoyment and
education of the general public.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

Oklahoma City Museum of Art, Inc.

Open to Public

OMB No. 1545-0047

Inspection Employer identification number

FKA Okl	ahoma City Art Muse	eum			73-0528	431	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity fur have or controlled			(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
otal			•				
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							

73-0528431 Page 2

Schedule G (Form 990 or 990-EZ) 2017 FKA Oklahoma City Art Museum Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Omelette Renaissance (add col. (a) through Ba11 Party col. (c)) (event type) (event type) (total number) 394,467. 121,355. 57,370. 573,192. Gross receipts 391,267 87,800. 38,780. 2 Less: Contributions 517,847. 3,200. 33,555. 18,590. Gross income (line 1 minus line 2) 55,345. 4 Cash prizes 5 Noncash prizes Direct Expenses 8,824. 32,500. 41,324. 6 Rent/facility costs 46,817. 35,027. 7,500. 4,290. 7 Food and beverages 3,050. 5,016. 3,359. 11,425. 8 Entertainment 34,886. 20,886. 5,275. 61,047. Other direct expenses 160,613. 10 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) -105,268. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses Noncash prizes Direct [Rent/facility costs Other direct expenses Yes Yes Yes No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Oklahoma City Museum of Art, Inc.

Sch	edule G (Form 990 or 990-EZ) 2017 FKA Oklahoma City Art Museum 73	<u>-0528431</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
		13a	%
	The organization's facility		
	An outside facility	. [30]	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
	If "Yes," enter name and address of the third party:		
	The res, effect harte and address of the tillia party.		
	Name		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	- Traine P		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
-		Yes	□ No
	retain the state gaming license?		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	TT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II	I, lines 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			

Oklahoma City Museum of Art, Inc. FKA Oklahoma City Art Museum 73-0528431 Page 4 Schedule G (Form 990 or 990-EZ) FKA Oklahor Part IV Supplemental Information (continued)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Questions Regarding Compensation

Department of the Treasury

Part I

Oklahoma City Museum of Art, Inc. FKA Oklahoma City Art Museum $Employer\ identification\ number\\ 73-0528431$

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as. maid. chauffeur. chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? 6a X 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

FKA Oklahoma City Art Museum

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)-(j)(g)	in column (B) reported as deferred on prior Form 990
(1) E. Michael Whittington	Ξ	211,455.	10,000.	0	20,833.	3,047.	245,335.	0
President & CEO	(II)	0	0	0	• 0	0	0	• 0
	(i)							
	€							
	()							
	(iii)							
	Ξ							
	(ii)							
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Schedule J (Form 990) 2017

Part III Supplemental Information
Provide the information, explanation, or

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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	7:	tington received a bonus based on achieving the Museum's	ed by the									Schedule J (Form 990) 201
Provide the information, explanation, or de	Part I, Line 7:	E. Mike Whittington received	strategic goals, as de									

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Oklahoma City Museum of Art, Inc. FKA Oklahoma City Art Museum

Employer identification number 73-0528431

Pai	π I Types of Property							
		(a)	(b)	(c)	(d			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of d		•	•
	,	арріісавіе		Form 990, Part VIII, line 1	g	ution ai	Hourits	>
1	Art - Works of art	Х	56	6,696	.Appraisal			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	5	74,126	.Fair Market	. Vai	lue	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	3	807	. Cost			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23								
23 24	Scientific specimens Archeological artifacts							
	Other (Computers)	Х	2	12,500	Cost			
25	Other (Other)	X	3	2,078				
26	· ,	X	2	2,000				
27				2,000	· COSC			
28	Other ()							
29	Number of Forms 8283 received by the organiz	-	•					
	for which the organization completed Form 828	33, Part IV, I	Jonee Acknowledg	gement 29			· ·	
	5						Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		,	•				37
	exempt purposes for the entire holding period?	,				30a		X
	If "Yes," describe the arrangement in Part II.	,						37
31	Does the organization have a gift acceptance p					31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncas	n			77
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	for which column (a) is ch	ecked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule	M (Forn	n 990)	2017

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2017

Oklahoma City Museum of Art, Inc. FKA Oklahoma City Art Museum

Schedule M	(Form 990) 2017 FKA OKIANOMA CITY ART Museum /3-0528431 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

201/ Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Oklahoma City Museum of Art, Inc. FKA Oklahoma City Art Museum

Employer identification number 73-0528431

Form 990, Part I, Line 1, Description of Organization Mission:

The Museum accomplishes this mission through its many activities. The

Museum actively collects works of art and displays them in galleries

open to the public. The Museum's permanent collection forms the basis

for special exhibitions on art historical topics and is used to conduct

research and disseminate new scholarship to the general public. The

Museum hosts special exhibitions organized by other institutions

permitting a range of subject matter and works of art outside the scope

of the Museum's own collection.

A diversity of educational programs-ranging from tours, classes,

A diversity of educational programs-ranging from tours, classes,
in-gallery experiences, and lectures-are geared to visitors of all
ages. The Museum is accessible to individuals with physical and sensory
disabilities.

The Museum Film Program collects historic and contemporary arts of the
moving images in addition to being the only cinema in the region
showing independent, foreign, and repertory programming. The Samuel
Noble Theatre screens films every Thursday-Sunday.

The Museum hosts over 130,000 visitors annually from all fifty states and over thirty foreign countries.

Form 990, Part III, Line 4d, Other Program Services:

Collections

Expenses \$ 231,371. including grants of \$ 0. Revenue \$ 0.

Name of the organization Oklahoma City Museum of Art, Inc. **Employer identification number** FKA Oklahoma City Art Museum 73-0528431 Form 990, Part VI, Section A, line 1: The Executive Committee is comprised of the officers of the corporation and has the power and authority to act for the Board of Trustees between scheduled regular meetings of the Board of Trustees. Form 990, Part VI, Section A, line 2: James C. Meade - Lifetime Trustee - Father Virginia A. Meade - Vice-Chairman - Daughter McAfee & Taft - Museum's attorney and registered agent Frank Hill - Vice-Chairman - Shareholder in McAFee & Taft Ted Elam - Trustee - Retired counsel at McAfee & Taft J Michael Nordin - Trustee - Shareholder in McAfee & Taft Jeremy Black - Trustee - Shareholder in McAfee & Taft Accel Financial Staffing - Financial Staffing Organization Meg Salyer - Trustee - President of Accel Financial Staffing Form 990, Part VI, Section B, line 11b: Form 990 is prepared by an outside CPA and reviewed by the CFO and the President and CEO. The governing body is provided a complete copy of the Form 990 prior to filing. They are notified by email that the tax return is available for review on their password-protected website. Form 990, Part VI, Section B, Line 12c: The Museum annually requires a conflict of interest and confidentiality statement from all board members and key staff. The Museum has a

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information. Oklahoma City Museum of Art, Inc. FKA Oklahoma City Art Museum Name of the organization

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Part

Employer identification number 73-0528431

Oklahoma City Museum of Direct controlling Art, Inc End-of-year assets 1,661,211. 188,767. Total income ੁ Legal domicile (state or foreign country) Oklahoma Primary activity Parking Lot Name, address, and EIN (if applicable) of disregarded entity 73102 Museum Parking, LLC OK 415 Couch Drive Oklahoma City,

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part II

	3) 12(h)(13)	olled	entity?	No						 _
)	contr	enti	Yes						
4	Đ	Direct controlling	entity							
	(e)	Public charity	status (if section	501(c)(3))						
	<u>©</u>	Exempt Code	section							
, ,	(c)	Legal domicile (state or	foreign country)							
	(g)	Primary activity								
	(a)	Name, address, and EIN	of related organization							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

Oklahoma City Museum of Art, Inc.

73-0528431

Page 2

Schedule R (Form 990) 2017 FKA Oklahoma City Art Museum

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

Percentage ownership 乏 managing partner? Yes No eneral or 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) € Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
| Direct controlling | entity Legal domicile (state or foreign country) Primary activity <u>a</u> Name, address, and EIN of related organization <u>a</u>

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

organizations incured as a corporation of their day of the	aning the tax year.								
(a)	(q)	(၁)	(p)	(e)	(t)	(6)	(h)	(i)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling Type of entity (C corp, S corp,	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	(13)
		country)		OI tidet)		doodlo		Yes No	٩
Museum of Art Cafe, Inc 33-1041277			Oklahoma City						
415 Couch Drive			Museum of Art,						
Oklahoma City, OK 73102	Restaurant	OK	Inc.	c corp	969,091.	144,169.	100%	×	

Schedule R (Form 990) 2017

Oklahoma City Museum of Art, Inc.

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Schedule R (Form 990) 2017 FKA Oklahoma City Art Museum

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Yes 크 우 무 무 ٥ = Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Reimbursement paid to related organization(s) for expenses During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) c Gift, grant, or capital contribution from related organization(s) q Reimbursement paid by related organization(s) for expenses **b** Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) Ε ۵ 6

×

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Museum of Art Cafe, Inc.	M	185,155. Cash	Jash
(2) Museum of Art Cafe, Inc.	Ą	59,482. Cash	Jash
(3) Museum of Art Cafe, Inc.	Ø	14,300. Cash	Jash
(4)			
(5)			
(9)			

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

s Other transfer of cash or property from related organization(s)

r Other transfer of cash or property to related organization(s)

FKA Oklahoma City Art Museum

Schedule R (Form 990) 2017

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Percentage Schedule R (Form 990) 2017 ownership 3 Code V-UBI General of Permonal of Permonal of Schedule K-1 Permonal of Form 1065) Yes No Dispropor-tionate allocations? Yes No end-of-year Share of assets Share of income total (e) Are all partners sec. 501(c)(3) orgs.? Predominant income par (related, excluded from tax under sections 512-514) ਉ (state or foreign Legal domicile country) છ Primary activity Name, address, and EIN of entity <u>a</u>

Oklahoma City Museum of Art, Inc.

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Part VII	(Form 990) 2017 Supplemental Info	ormation.				
		mation for responses to ques	tions on Schedul	e R. See instructions.		